2021 Drama Entry Form

Veteran Name:		Last 4:
Veteran Phone Number: Age:		Age:
Veteran Mailing Address (including Zip Code):		Email:
Would you like us to add you	to the mailing list to receive info for	future years? Circle one:
Yes: My contact info has NOT changed since last year.	Yes: My contact info from last year has changed. Please update	No: I do not want to receive updates.
Title of Piece #1:		s the Entry written by the Veteran? S or NO
Title of Piece #2:		s the Entry written by the Veteran? Sor NO
Title of Piece #3:		s the Entry written by the Veteran? S or NO
is true: I/we have read all the rules for at the national level, I/we unde	es into the competition, you are confi the division in which I/we am/are ent erstand that I/we will be invited to atte I/we attend and participate in rehear performance.	ering. If my/our entry places first end the National Veterans Creative
ART SHOW STAFF ONLY:		
Category Number/ Name for Entry#1:		
Category Number/ Name for Entry #2:		

CONSENT? _____